PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/710,423 | | | ing Date 09/2004 | To be Mailed |
|---|--|---|---|---|--|---|---|------------------------|----------|-----------------------|------------------------|
| | AF | PPLICATION A | AS FILE | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | | | |
| ⊢ | FOR | | NUMBER FILED | | (Column 2) NUMBER EXTRA | | RATE (\$) | FEE (\$) | <u> </u> | RATE (\$) | FEE (\$) |
| | BASIC FEE (37 CFR 1.16(a), (b), | \neg | N/A | | N/A | ı | N/A | 122(0) | l | N/A | 1 (0) |
| | SEARCH FEE (37 CFR 1.16(k), (f), (f) | | N/A | | N/A | 1 | N/A | | ı | N/A | |
| | (37 CFR 1.16(k), (j), (EXAMINATION FE (37 CFR 1.16(o), (p), (p) | E | N/A | | N/A | ı | N/A | | 1 | N/A | |
| | TAL CLAIMS CFR 1.16(i)) | | minus 20 = * | | | | x \$ = | | OR | x s = | |
| IND | EPENDENT CLAIM CFR 1,16(h)) | is | minus 3 = * | | | 1 | x \$ = | | 1 | x s = | |
| | APPLICATION SIZE 37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) the additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (G) | | n size fee due for each n thereof. See | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | | ı | TOTAL | |
| APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | |
| AMENDMENT | 09/16/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.16()) | · 10 | Minus | 20 | = 0 | | X \$26 = | 0 | OR | x s = | |
| | Independent (37 CFR 1.16(h)) | • 1 | Minus | -3 | = 0 | ı | X \$110 = | 0 | OR | x s = | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| 1 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | • | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,16(i)) | | Minus | | - | | x \$ = | | OR | x \$ = | |
| M | Independent (37 CFR 1.16(h)) | | Minus | *** | : | | x \$ = | | OR | x \$ = | |
| ä | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | ı | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | • | | | | | | | | OR | TOTAL ADD'L FEE | |
| If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3". | | | | | | | | | | | |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentially is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the Child information Officer. U.S. Patents and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS